Fax completed form to (866-759-4115) or mail to Magellan Medicaid Administration, Inc. MAP Dept. Attention: NE Senior Pharmacist, 11013 W. Broad St. Suite 500, Glen Allen, VA 23060

Nebraska Department of Health and Human Services - Medicaid

PRESCRIBER CERTIFICATION - this brand is medically necessary

Patient's Name (Please Print)	Patient's Case Number and ID
Drug Name and Strength	Drug NDC Number
Prescription Number (if known)	
Prescriber's Name	Prescriber's ID Number
Dispensing Pharmacy	Dispensing Pharmacy's Medicaid Number
Pharmacy Phone / Pharmacy Fax Handwritten Signature of Prescriber / Date	Certification Dates FROM: Date: (Month/Day/Year) TO: Date: (Month/Day/Year)

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